

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/26/2010  
FORM APPROVED  
OMB NO. 0938-0391

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|--|---|---|--|--|---|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                        |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>185340 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01 - MAIN BUILDING 01<br>B. WING _____   |  | (X3) DATE SURVEY<br>COMPLETED<br><br>08/10/2010 |
| NAME OF PROVIDER OR SUPPLIER<br><br>GLASGOW HEALTH & REHABILITATION CENTER |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>220 WESTWOOD ST.<br>GLASGOW, KY 42141   |  |   |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETION<br>DATE                      |
| K 076  | <p>Continued From page 8</p> <p>Maintenance, 36 E size oxygen cylinder tanks were observed to be stored in the oxygen storage room. These tanks were within five feet of combustible storage. Oxygen cylinders while in storage and in quantities greater than 300 cubic feet must be kept five feet from combustibles. An interview revealed the Director of Maintenance was not aware of this requirement. Quantities 300 cubic feet (12 E sized cylinders) and less may follow the requirements of S&amp;C-07-10.</p> <p>Reference: S&amp;C-07-10</p> <p>Up to 300 cu ft (12 E sized cylinders) of nonflammable medical gas can be located outside of an enclosure (per smoke compartment) at locations open to the corridor such as at a nurse's station or in a corridor of a healthcare facility.</p> <p>This amount of nonflammable medical gas per smoke compartment is not considered a hazard if the containers are properly secured, such as in a rack to prevent them from tipping over or being damaged. In this case the medical gas is considered an "operational supply" and not storage. If the cylinders are placed in a corridor they should be placed so as not to obstruct the use of the corridor. This amount of medical gas is in addition to those cylinders contained in "crash carts" and in use on wheelchairs or gurneys.</p> <p>The term "PRN" means "as needed." An individual cylinder placed in a patient room for immediate use by a patient is not required to be stored in an enclosure and is considered in use. It should be secured to prevent tipping or damage to the cylinder. If the resident does not need the use of oxygen for an extended period of time, such as several days, then the medical gas</p> | K 076   |  |  |   |

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| K 076  | Continued From page 9<br>container should be removed from the room and properly secured in an approved storage room.<br><br>Reference: NFPA 99 (1999 Edition).<br>8-3.1.11.2<br>Storage for nonflammable gases greater than 8.5 m <sup>3</sup> (300 ft <sup>3</sup> ) but less than 85 m <sup>3</sup> (3000 ft <sup>3</sup> )<br>(A) Storage locations shall be outdoors in an enclosure or within an enclosed interior space of noncombustible or limited-combustible construction, with doors (or gates outdoors) that can be secured against unauthorized entry.<br>(B) Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor.<br>(C) Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or materials by one of the following:<br>(1) A minimum distance of 6.1 m (20 ft)<br>(2) A minimum distance of 1.5 m (5 ft) if the entire storage location is protected by an automatic sprinkler system designed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems<br>(3) An enclosed cabinet of noncombustible construction having a minimum fire protection rating of ½ hour. An approved flammable liquid storage cabinet shall be permitted to be used for cylinder storage.<br>8-3.1.11.3 Signs.<br>A precautionary sign, readable from a distance of 5 ft (1.5 m), shall be conspicuously displayed on each door or gate of the storage room or enclosure. The sign shall include the following wording as a minimum:<br>CAUTION<br>OXIDIZING GAS(ES) STORED WITHIN<br>NO SMOKING | K 076   | <p><i>This plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Glasgow Health and Rehabilitation Facility agrees with the citations noted on the pages of this Statement of Deficiencies. Glasgow Health and Rehabilitation Facility maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care.</i></p> <p><i>Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</i></p> <p><i>To remain in compliance with all Federal and State regulations, this facility has taken or will take the actions set forth in the following Plan of Correction.</i></p> |  |   |
| K 130  | NFPA 101 MISCELLANEOUS  | K 130   | <p>K - 130</p> <ol style="list-style-type: none"> <li>1. The lint from on top of the dryer's lint trap in the lower compartment of the dryer was immediately removed by the Director of Environmental services, 8/10/2010. Lint was also removed from the cabinet high-limit thermostat and thermistor, 8/10/2010.</li> <li>2. The second dryer was inspected by the Director of Environmental Services, 8/10/2010, and found to be free of lint build-up.</li> <li>3. The daily and shift checklist was revised to include the high-limit thermostat and thermistor, and an in-service for Housekeeping and Laundry associates is scheduled for 9/15/2010. This in-service will be conducted by the Director of Environmental services.</li> <li>4. A Quality Assurance study to include visual checks of the dryer lint traps, high-limit thermostat and thermistor, will be conducted</li> </ol>          |  |   |

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| K 130<br>SS=D  | Continued From page 10<br><br>OTHER LSC DEFICIENCY NOT ON 2786<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview, the facility<br>failed to maintain gas clothes dryers by<br>manufacturer's recommendations. This deficient<br>practice affected one (1) of six (7) smoke<br>compartments, staff, and approximately six (6)<br>residents. The facility has the capacity for 68<br>beds with a census of 62 on the day of the<br>survey.<br><br>The findings include:<br><br>During the Life Safety Code tour conducted on<br>August 10, 2010, at 12:50 p.m., with the Director<br>of Maintenance, a large amount of lint buildup<br>was observed on top of the dryer's lint trap in the<br>lower compartment of the dryer. The<br>manufacturer's daily maintenance schedule for<br>the dryer calls for the removal of any accumulated<br>lint off the cabinet high-limit thermostat and<br>thermistor. Failure to do so will allow a buildup of<br>lint in this area to act as an insulator, causing the<br>tumbler to overheat. An interview with the<br>Director of Maintenance revealed the lint screen<br>was cleaned daily but Maintenance and staff were<br>not aware the temperature probes located in the<br>same area should be cleaned also. | K 130   | <i>This plan of correction is prepared and executed<br/>because it is required by the provisions of State and<br/>Federal Law and not because Glasgow Health and<br/>Rehabilitation Facility agrees with the citations noted<br/>on the pages of this Statement of Deficiencies.<br/>Glasgow Health and Rehabilitation Facility maintains<br/>that the alleged deficiencies do not jeopardize the<br/>health and safety of the residents, nor are they of such<br/>character so as to limit our capability to render<br/>adequate care.<br/>Please accept this Plan of Correction as the facility's<br/>written credible allegation of compliance such that all<br/>alleged deficiencies cited have been or will be<br/>corrected by the dates indicated.<br/>To remain in compliance with all Federal and State<br/>regulations, this facility has taken or will take the<br/>actions set forth in the following Plan of Correction.</i><br><br>weekly X 4, then monthly by the Director of<br>Environmental services and findings will be<br>reported to the Quality Assurance<br>Committee for review.<br>5. Completion date: 9/15/2010 |   |
| K 144<br>SS=D  | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Generators are inspected weekly and exercised<br>under load for 30 minutes per month in<br>accordance with NFPA 99. 3.4.4.1.   | K 144   | K - 144<br>1. Facility generator is inspected weekly and<br>exercised under load for 30 minutes per<br>month in accordance with NFPA 99.<br>2. No additional problems were found to affect<br>the facility.<br>3. A pre-run, hand written inspection checklist<br>was started to record the inspection<br>information 8/19/2010. Also, the inspection<br>checklist was updated to include hoses and<br>belts.<br>4. Weekly inspections under load will continue<br>and findings will be reported to the Quality<br>Assurance Committee quarterly.<br>5. Completion date: 8/19/2010   |   |

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| K 144  | Continued From page 12<br>weekly and shall be exercised under load at least<br>monthly.   | K 144   | <p><i>This plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Glasgow Health and Rehabilitation Facility agrees with the citations noted on the pages of this Statement of Deficiencies. Glasgow Health and Rehabilitation Facility maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care.</i></p> <p><i>Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</i></p> <p><i>To remain in compliance with all Federal and State regulations; this facility has taken or will take the actions set forth in the following Plan of Correction.</i></p> |   |
| K 147<br>SS=D  | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by:<br/>Based on observation and interview, the facility failed to ensure that electrical power strips were being used in an approved manner.</p> <p>The findings include:</p> <p>During the Life Safety Code tour on August 10, 2010, at 12:25 p.m., with the Director of Maintenance, a nebulizer and oxygen concentrator were observed to be plugged into a multi-outlet adapter (power strip) in resident room 131. Generally power strips with surge protection may be used for resident TVs, computers, radios, etc., on an as-needed basis but not to be used with medical equipment to help prevent against electrical shock. An interview revealed the Director of Maintenance was not aware that power strips cannot be used with medical equipment. During the survey resident rooms 2 and 106 were also noted to be using medical equipment with a power strip.</p> <p>Reference: NFPA 99 (1999 Edition).</p> <p>3-3.2.1.2 D</p> <p>2. Minimum Number of Receptacles. The number</p> | K 147   |  |   |

K - 147

1. Resident rooms #131, #106 and #2 were equipped with quad outlets by the facility Maintenance Director to accommodate the medical devices and the surge protected power strips were removed, 8/30/2010.
2. An inspection of the facility will be conducted by the Director of Environmental Services and Housekeeping staff by 9/17/2010 to identify any other medical devices plugged into power strips. Any areas identified will be reported immediately to the Maintenance director for repairs.
3. An in-service for facility staff will be conducted 9/10 and 9/13/2010 by the DON and Maintenance Director to review the policy regarding medical equipment and electrical outlets.
4. Nursing and Housekeeping will monitor daily for rooms needing to have outlets

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| K 147  | Continued From page 13<br>of receptacles shall be determined by the<br>intended use of the patient care area. There shall<br>be sufficient receptacles located so as to avoid<br>the need for extension cords or multiple outlet<br>adapters. | K 147   | <p><i>This plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Glasgow Health and Rehabilitation Facility agrees with the citations noted on the pages of this Statement of Deficiencies. Glasgow Health and Rehabilitation Facility maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care.</i></p> <p><i>Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</i></p> <p><i>To remain in compliance with all Federal and State regulations, this facility has taken or will take the actions set forth in the following Plan of Correction.</i></p> <p>converted from a two-way plug to a quad outlet. Routine reviews by Housekeeping staff utilizing the Environmental audit, will be conducted. Those rooms identified will be reported in the Maintenance Supervisor for conversion.</p> <p>5. Date of Completion:</p> | 9/17/2010                  |   |